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Senate Bill No. 459: An Act Promoting the Early Detection, Diagnosis and Treatment of Lung Cancer, Breast Cancer and Cervical Cancer

My name is Dr. Pat Checko. I am the Chairman of the MATCH Coalition, Mobilizing Against Tobacco for Connecticut's Health. I also serve as Co-chair of the Prevention Committee for the Connecticut Cancer Partnership. I am here to speak in support of Senate Bill #459. Fifty to 75% of cancer deaths in the U.S. are caused by modifiable human behaviors, such as smoking, physical inactivity and poor diet. Tobacco use is the single most preventable cause of death and disease in the United States. Despite an overall decrease in smoking, in Connecticut about 500,000 adults and 60,000 middle and high school students are active smokers. Smoking harms almost every organ in the body and half of all long-term smokers die prematurely of smoking-related disease. In addition to the human costs, Connecticut pays \$1.6 Billion annually for medical costs from smoking.

The goal of the Connecticut Cancer Partnership's Prevention Committee is to reduce cancer (and other disease) risks through promotion of healthy lifestyles and risk reduction behaviors among children and adults. Focusing on the need for smoking cessation programs in Connecticut, \$2 Million of the original funding for the Connecticut Cancer Plan was used to implement an expanded Quitline for Connecticut smokers. The Quitline offered free nicotine replacement therapy and telephone counseling. DPH announced the program on July 1st and within three weeks almost 5,500 people were enrolled. Because of the demand, the program ran out of money for replacement therapy on August 2nd.

But smoking cessation is only one of the strategies of Comprehensive Tobacco Programs. Combining educational, clinical regulatory, economic, and social strategies, these comprehensive programs encompass coordinated policies to establish smoke-free policies and social norms, to promote and assist tobacco users to quit, and to prevent initiation of tobacco use. To that end, CCP is requesting additional funding to establish social marketing and health communication programming. Much of New York's success in reducing teen smoking rates below 10% is related to strong health communication programming. New York City spends \$10 Million to reach 8 million residents. Connecticut spends nothing. Research has shown that sustained comprehensive tobacco programs do work. The October 2007 Centers for Disease Control and Disease Prevention (CDC) *Best Practices for Comprehensive Tobacco Control Programs* recommends that Connecticut should spend 12% of its tobacco revenues to fund. That amounts to \$43 Million annually.

Connecticut spending on tobacco prevention and control has been an embarrassment. The state has consistently received Fs from the American Lung Association for spending, and this year, the Tobacco Free Kids study ranked us dead last in spending tobacco settlement dollars on tobacco-related activities. In April Connecticut will become one of the states that were parties to the settlement to receive "bonus" payments totaling almost \$1 Billion per year for the next ten years. Connecticut's share is \$27 Million in new dollars. By allocating a major portion of these new windfall funds to tobacco prevention and control programs, states can finally keep the promise of the settlement to confront the tobacco problem.

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Mobilize Against Tobacco for Children's Health